

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hsp</i>		<i>9/17/60</i>
O.I.P.E. CLASSIFIER		<i>109-18-00</i>	
FORMALTY REVIEW			
RESPONSE FORMALTY REVIEW	<i>WLS</i>	<i>70303</i>	<i>10-20</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	First	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
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48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	First	Original	Date
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Claim	First	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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